



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

November 03, 2017

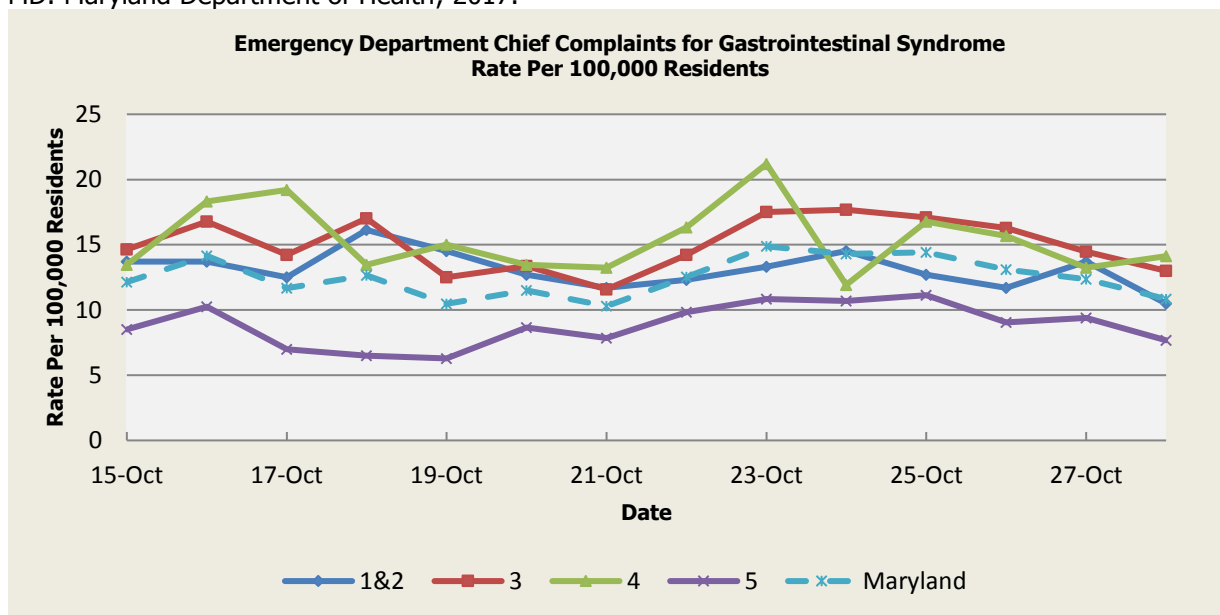
Public Health Preparedness and Situational Awareness Report: #2017:43 Reporting for the week ending 10/28/17 (MMWR Week #43)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts
Maryland: Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

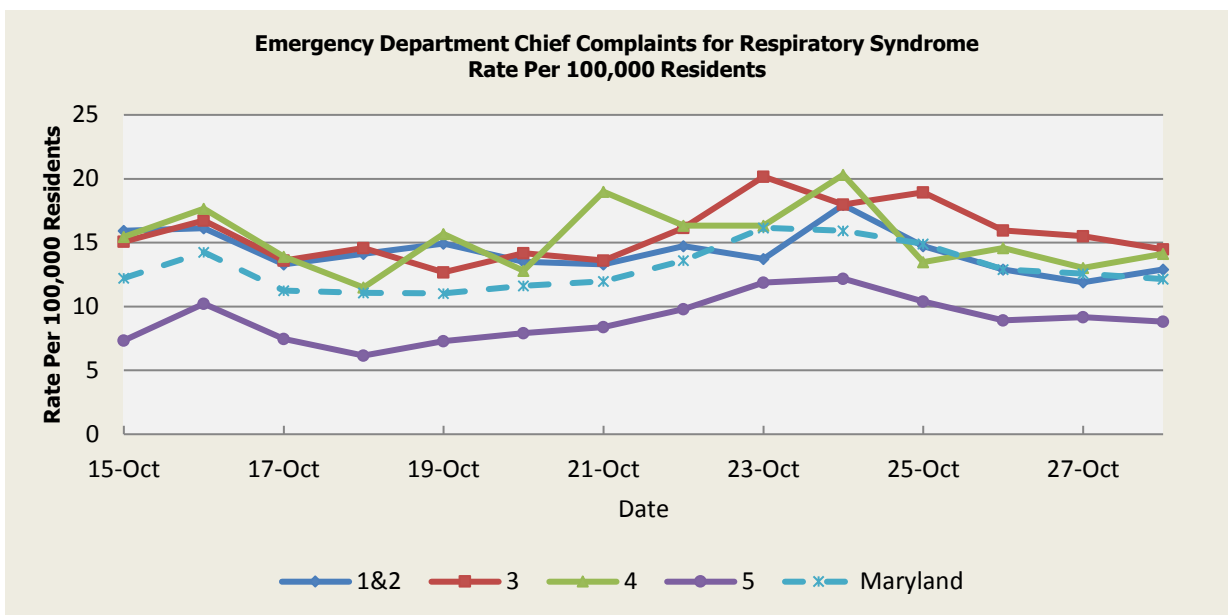
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2017.



There were two (2) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis in a Residential Training Facility (Region 4), and one (1) outbreak of Gastroenteritis/Foodborne associated with an Event Venue (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.09	14.15	14.45	9.64	12.27
Median Rate*	12.91	14.80	15.02	10.22	12.95

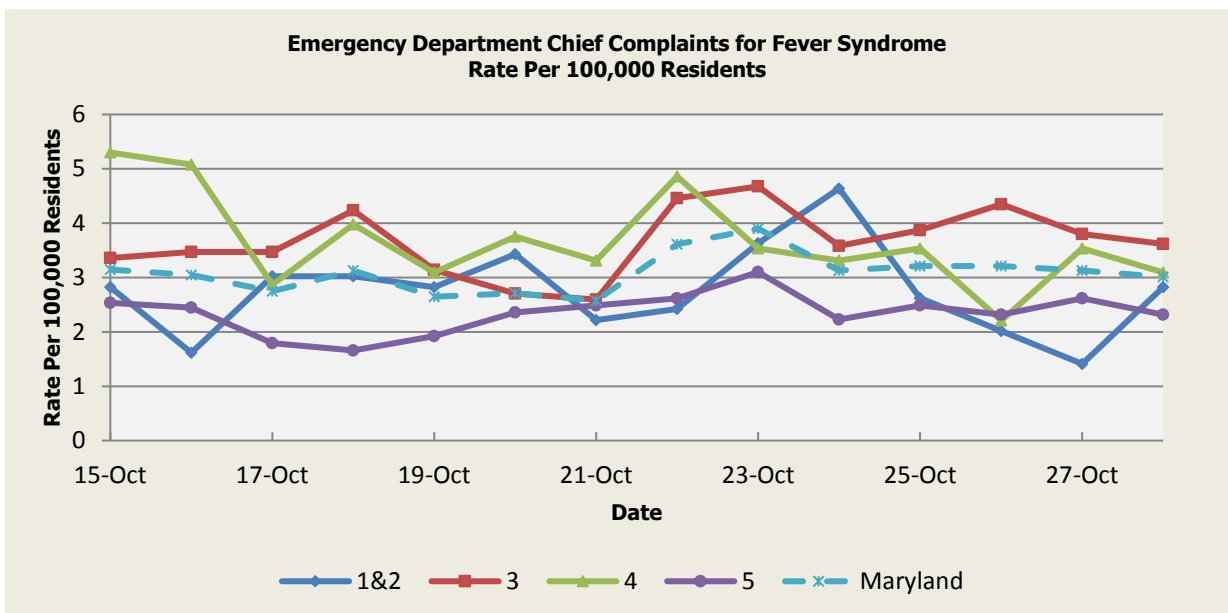
* Per 100,000 Residents



There were no Respiratory Syndrome outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.28	13.53	13.43	9.33	11.73
Median Rate*	11.70	13.88	13.91	9.65	12.05

* Per 100,000 Residents

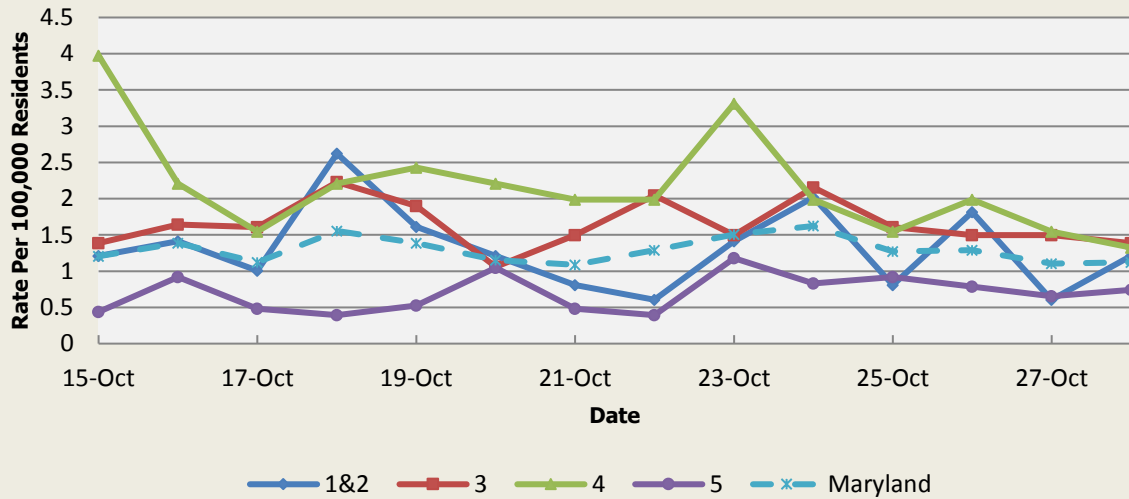


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.83	3.63	3.73	2.88	3.28
Median Rate*	2.82	3.76	3.75	2.97	3.40

Per 100,000 Residents

Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



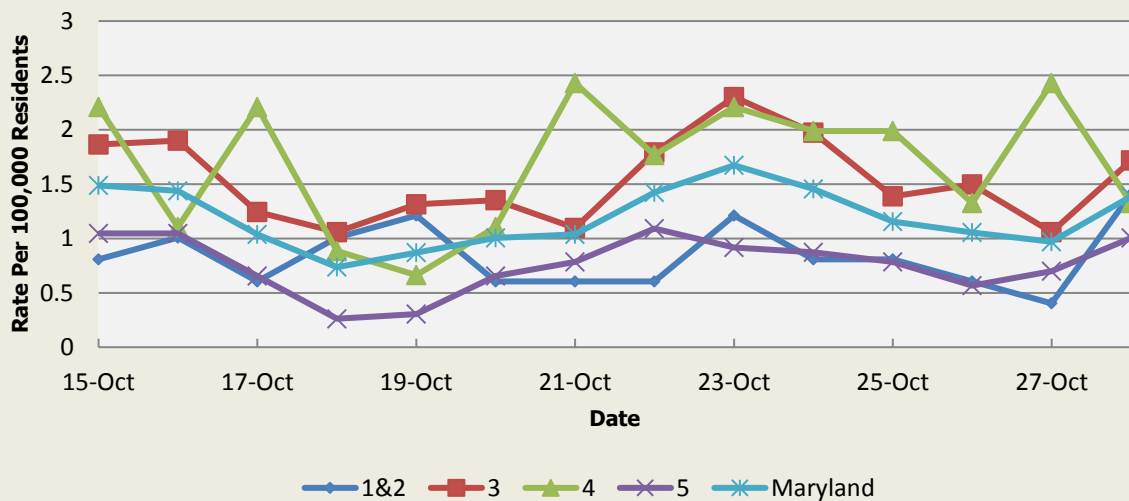
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.98	1.77	1.90	0.90	1.38
Median Rate*	1.01	1.83	1.99	0.92	1.42

* Per 100,000 Residents

Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents

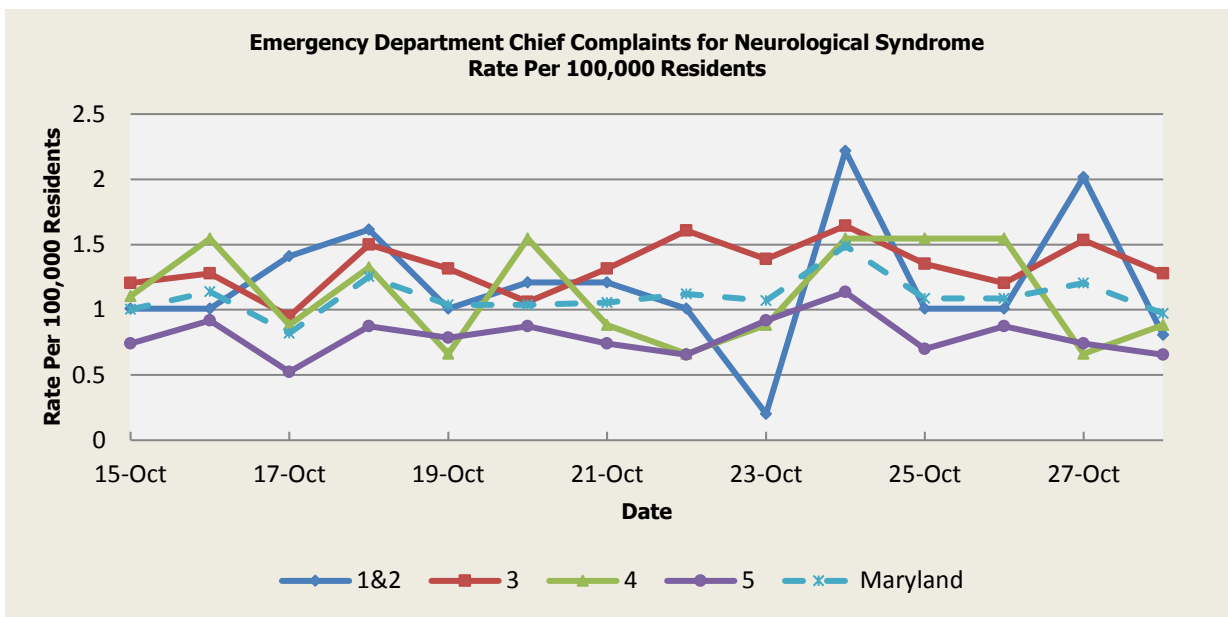


There was one (1) Rash Syndrome outbreak reported this week: one (1) outbreak of Hand, Foot, and Mouth Disease associated with a Daycare Center (Region 3).

Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.64	1.66	0.96	1.34
Median Rate*	1.21	1.68	1.77	1.00	1.39

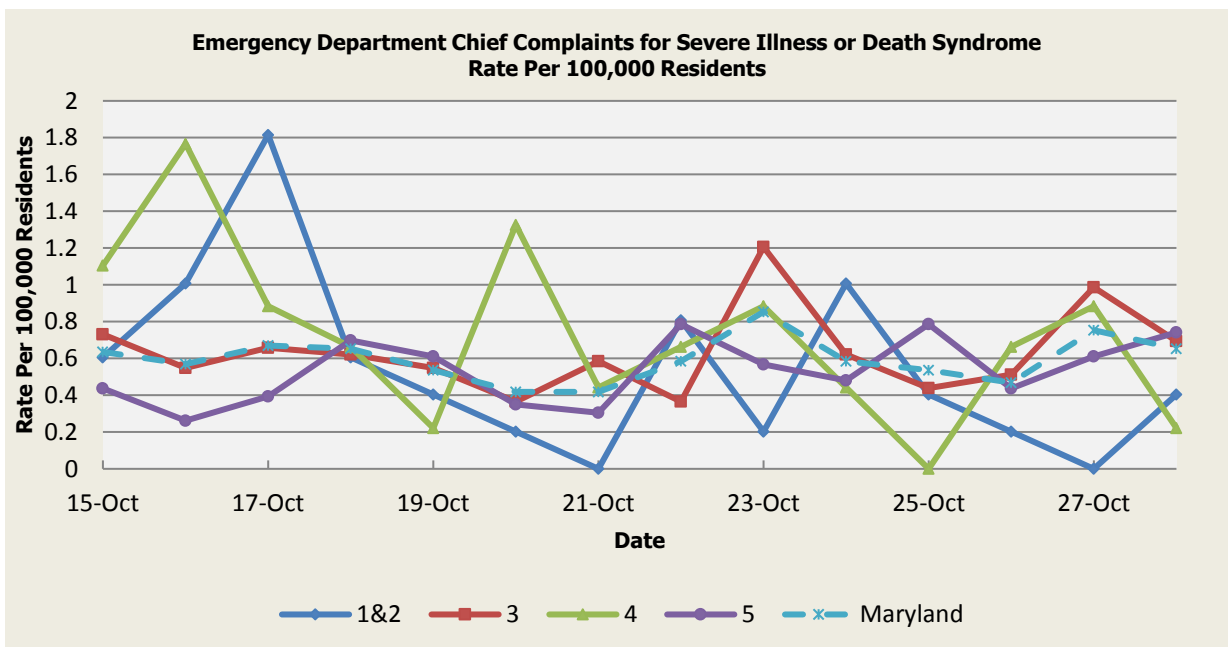
* Per 100,000 Residents



There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.61	0.75	0.64	0.47	0.62
Median Rate*	0.60	0.69	0.66	0.48	0.59

* Per 100,000 Residents

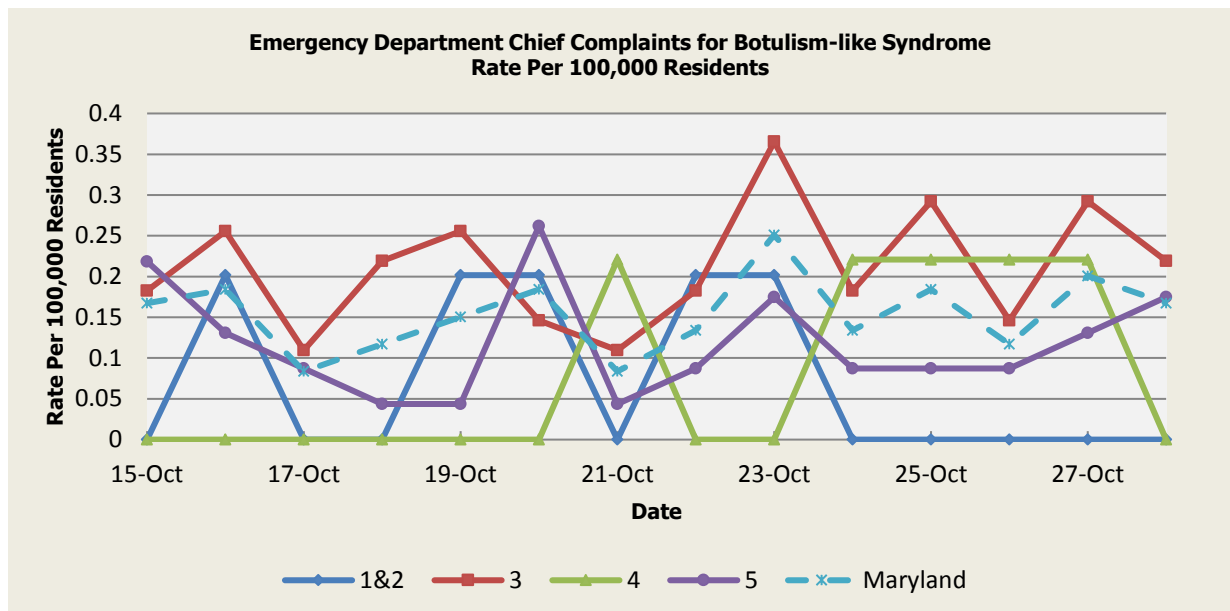


There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.61	0.86	0.76	0.43	0.67
Median Rate*	0.60	0.91	0.66	0.44	0.70

* Per 100,000 Residents

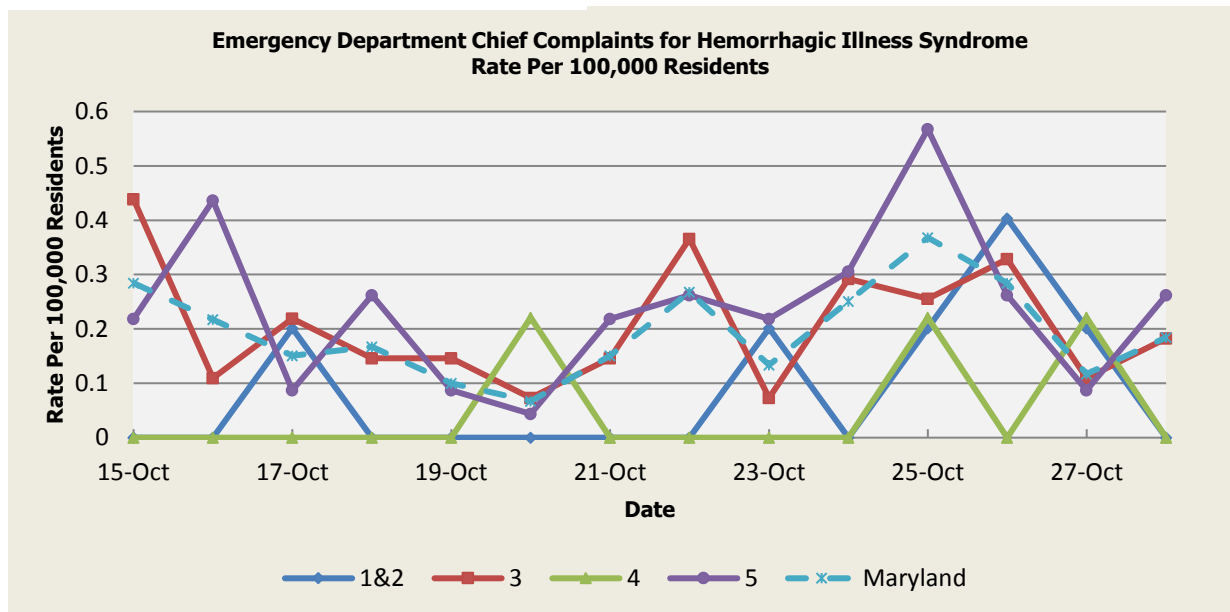
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 10/15 (Regions 3,5), 10/16 (Regions 1&2,3,5), 10/18 (Region 3), 10/19 (Regions 1&2), 10/20 (Regions 1&2), 10/21 (Region 4), 10/22 (Regions 1&2,3), 10/23 (Regions 1&2,3,5), 10/24 (Regions 3,4), 10/25 (Regions 3,4), 10/26 (Region 4), 10/27 (Regions 3,4,5), 10/28 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.09	0.04	0.05	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

* Per 100,000 Residents

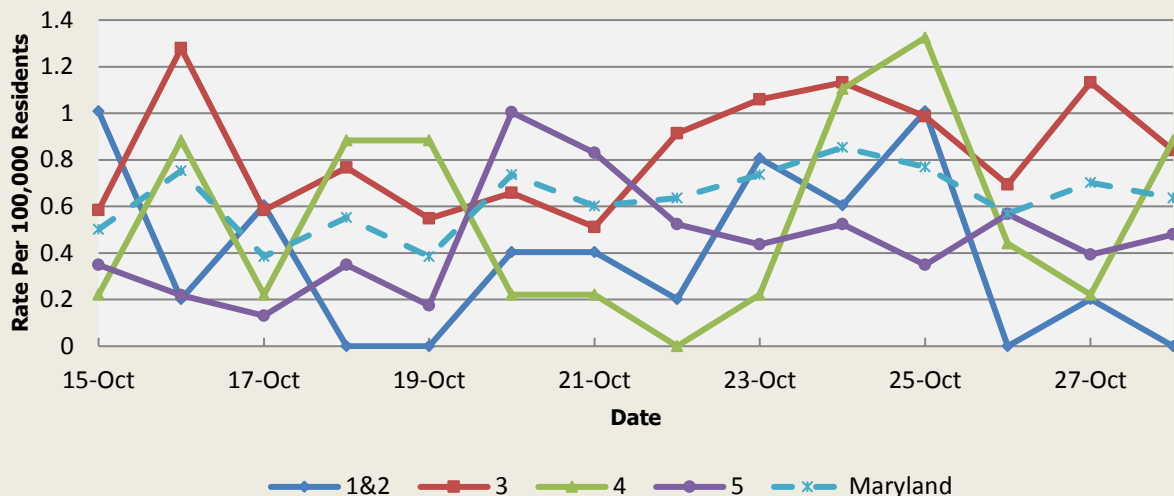


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 10/15 (Regions 3,4), 10/16 (Region 4), 10/17 (Regions 1&2,4), 10/18 (Region 4), 10/19 (Region 4), 10/20 (Region 4,5), 10/21 (Region 4), 10/22 (Regions 3,4), 10/23 (Regions 1&2,4), 10/24 (Regions 3,4), 10/25 (Regions 1&2,3,4,5), 10/26 (Regions 1&2,3,4), 10/27 (Regions 1&2,4,5), 10/28 (Region 4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.12	0.03	0.09	0.09
Median Rate*	0.00	0.04	0.00	0.04	0.05

* Per 100,000 Residents

Emergency Department Chief Complaints for Lymphadenitis Syndrome Rate Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 10/15 (Regions 1&2), 10/16 (Regions 3,4), 10/17 (Regions 1&2), 10/19 (Region 4), 10/20 (Region 5), 10/21 (Region 5), 10/23 (Regions 1&2,3), 10/24 (Regions 1&2,3,4), 10/25 (Regions 1&2,3,4), 10/27 (Region 3), 10/28 (Region 4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.29	0.49	0.33	0.30	0.39
Median Rate*	0.20	0.40	0.22	0.26	0.33

* Per 100,000 Residents

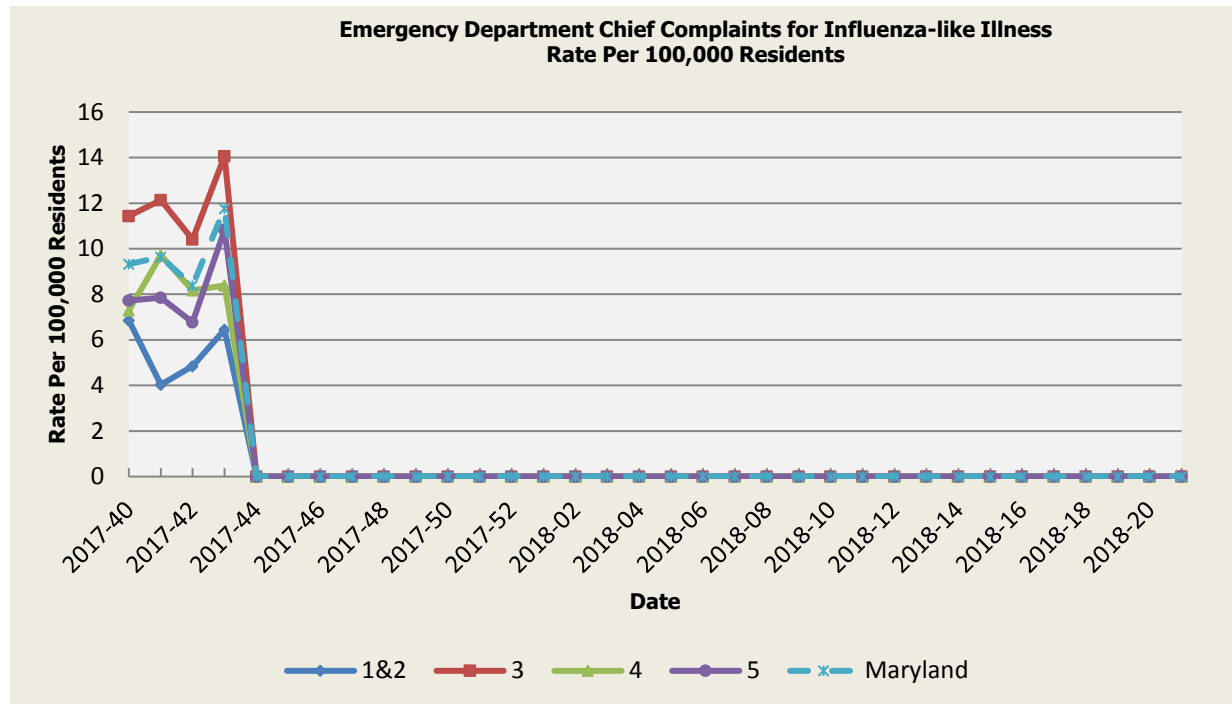
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	October			Cumulative (Year to Date)**		
	2017	Mean*	Median*	2017	Mean*	Median*
Vaccine-Preventable Diseases						
Aseptic meningitis	47	45	40	357	398.4	393
Meningococcal disease	0	0.4	0	5	4.4	4
Measles	0	0.4	0	4	4.8	4
Mumps	0	1.6	1	23	42	19
Rubella	0	0.4	0	1	4.8	4
Pertussis	8	30	27	188	291	304
Foodborne Diseases						
Salmonellosis	56	73.2	75	755	833.8	828
Shigellosis	11	17.4	17	215	180.6	209
Campylobacteriosis	46	63.2	62	704	669.6	669
Shiga toxin-producing Escherichia coli (STEC)	16	14.8	12	165	134.2	123
Listeriosis	2	1.4	1	24	15.2	16
Arboviral Diseases						
West Nile Fever	0	0.8	1	4	14.2	12
Lyme Disease	145	234.4	196	3024	2746.8	2574
Emerging Infectious Diseases						
Chikungunya	0	2.4	0	0	8.4	0
Dengue Fever	0	2.4	3	20	26.2	18
Zika Virus***	0	3.4	0	3	16.8	7
Other						
Legionellosis	9	17.6	17	209	159.6	162

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health; 2017. † Counts are subject to change *Timeframe of 2011-2017**Includes January through current month. *** As of November 03, 2017, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2017 is 62.

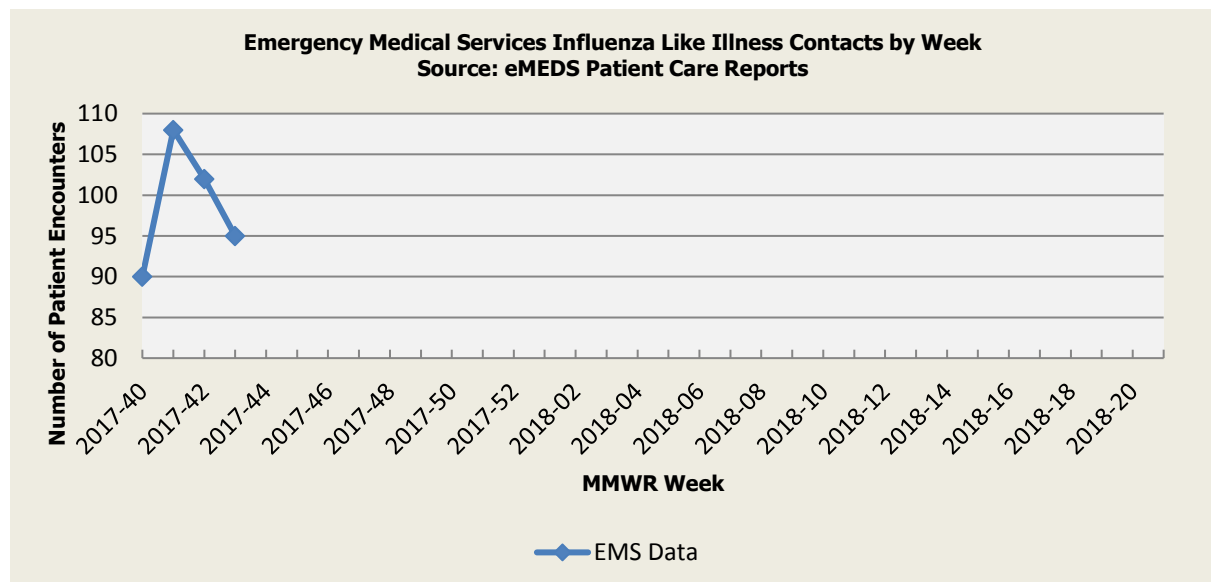
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May). Seasonal Influenza activity for Week 43 was: Sporadic Geographic Spread with Minimal Intensity.



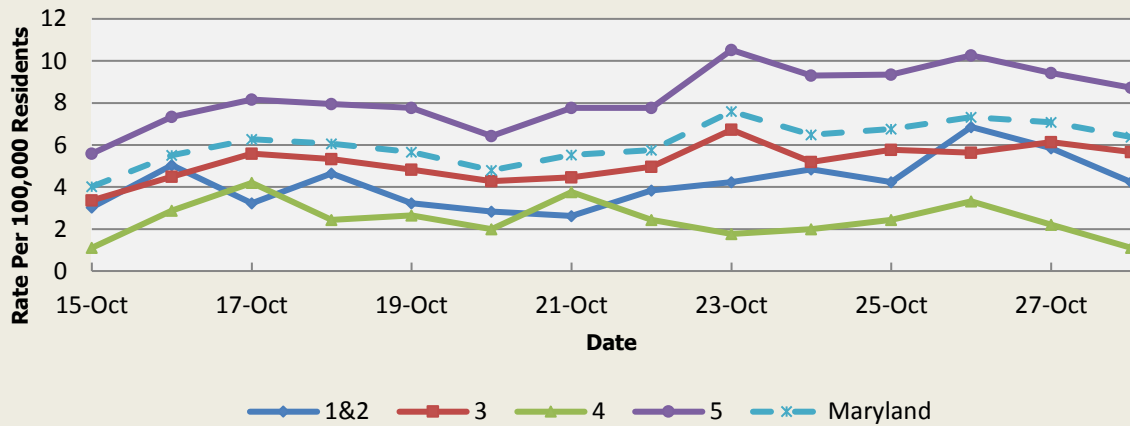
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.67	12.92	11.86	11.21	11.91
Median Rate*	7.66	9.63	9.05	8.51	9.00

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

**Over-the-Counter Medication Sales Related to Influenza
Rate Per 100,000 Residents**

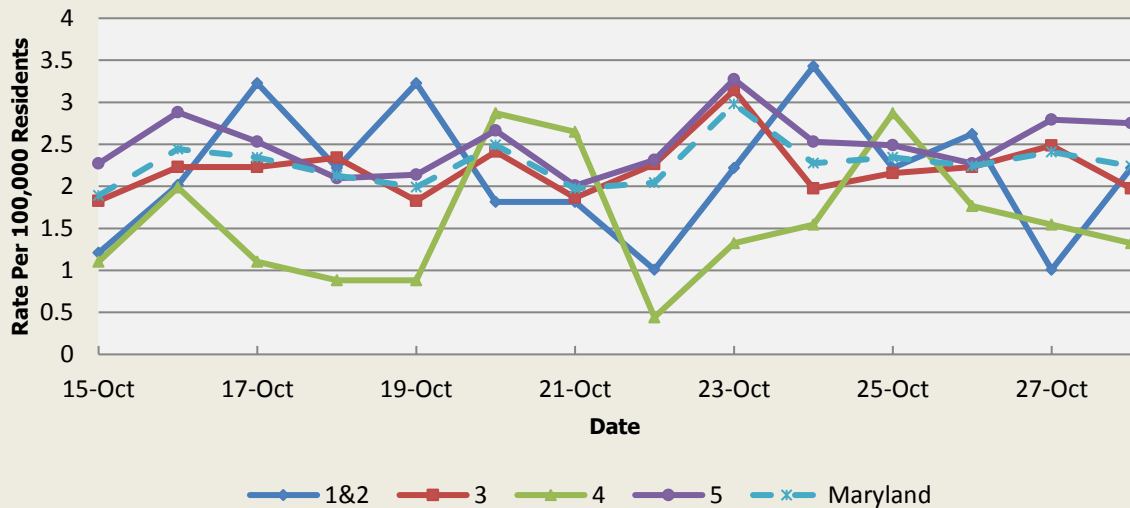


There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.53	4.59	2.56	7.91	5.62
Median Rate*	3.23	4.38	2.43	8.03	5.52

* Per 100,000 Residents

**Over-the-Counter Thermometer Sales
Rate Per 100,000 Residents**



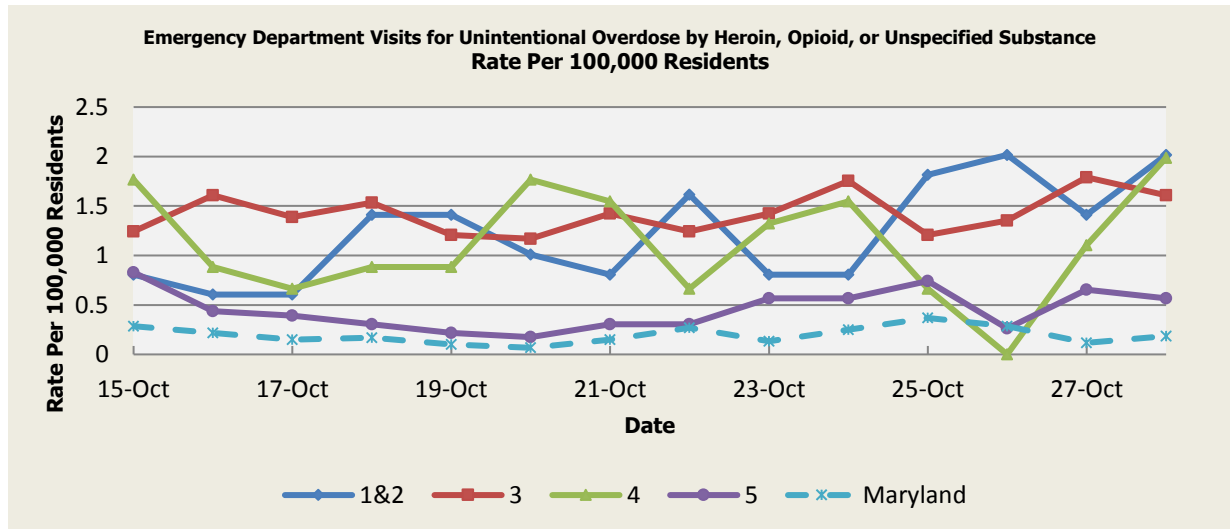
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.15	3.02	2.34	4.05	3.38
Median Rate*	3.02	3.03	2.43	4.06	3.36

* Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

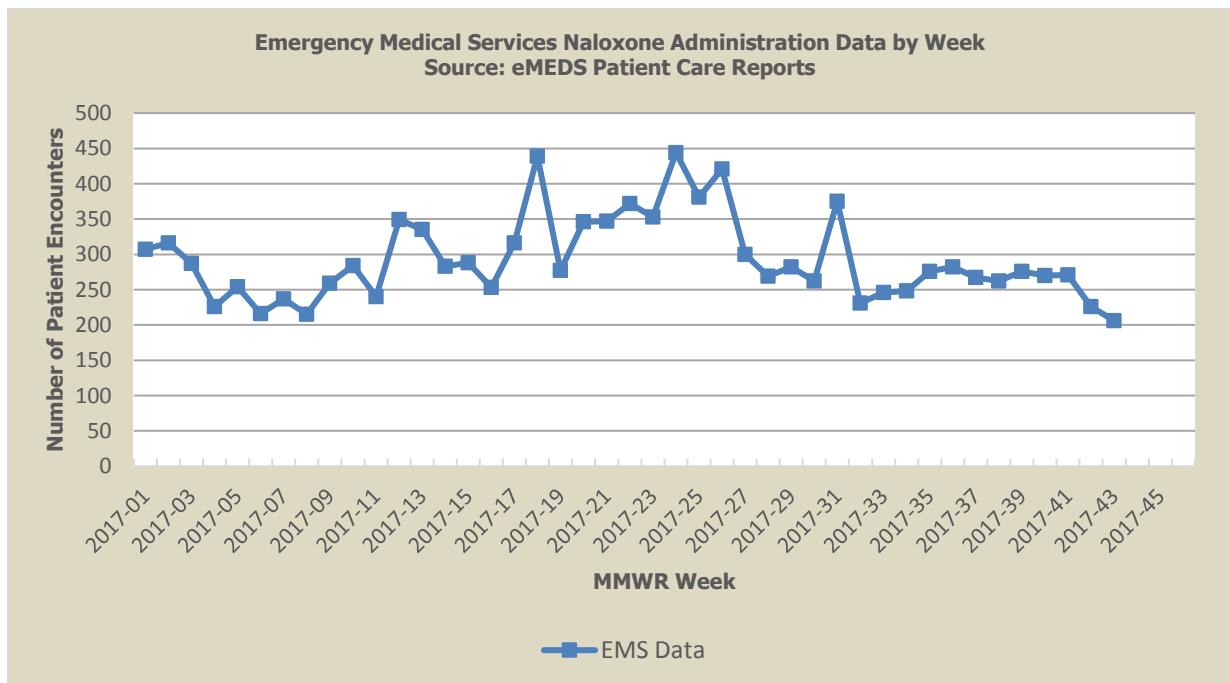
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



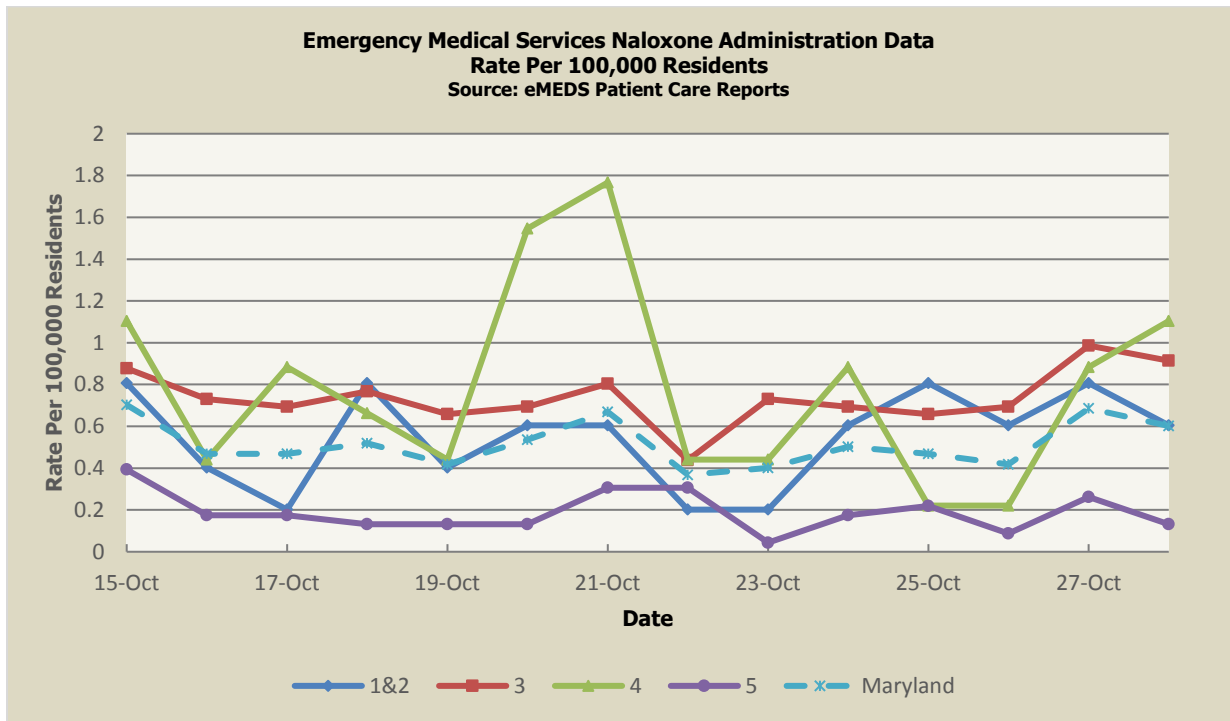
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.39	0.35	0.14	0.29
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.39	0.35	0.14	0.29
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of September 27, 2017, the WHO-confirmed global total (2003-2017) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (DOMINICAN REPUBLIC), 1 Nov 2017, The General Direction for Cattle Raising (DIGEGA, according to its Spanish initials), through its Avian Disease Division, detected an outbreak of mildly pathogenic avian influenza H5N2 subtype in a farm in Espaillat province, which is currently under control. Read More: <http://www.promedmail.org/post/5419275>

AVIAN INFLUENZA (CHILE, TURKEY), 1 Nov 2017, Chilean authorities detected in less than 2 weeks a 2nd turkey farm affected by avian influenza [AI] in Valparaiso region, where 35 000 birds will be eliminated, reported the Agricultural and Animal Breeding Service. Read More: <http://www.promedmail.org/post/5419276>

HUMAN AVIAN INFLUENZA

There were no reports of human cases of avian influenza in the United States at the time that this report as compiled.

NATIONAL DISEASE REPORTS

NECROTIZING FASCIITIS (TEXAS), 29 Oct 2017, A man died from flesh-eating bacteria [necrotizing fasciitis] in what is now the 4th case linked to Hurricane Harvey since the storm 1st made landfall 2 months ago. A 31-year-old carpenter living in Galveston, TX was diagnosed with necrotizing fasciitis, an infection that causes the body's soft tissue to die, KHOU reported. He was helping demolish homes in the region after Hurricane Harvey and died on 16 Oct 2017, just 6 days after he went to the hospital with an infected wound on his left arm. Read More: <https://www.promedmail.org/post/5411955>

WEST NILE VIRUS (CALIFORNIA), 30 Oct 2017, At least 230 people in LA county have fallen sick with West Nile this year [2017], and 17 of them have died, health officials said [Fri 27 Oct 2017]. The number of people infected is already the 3rd-highest ever in the county, according to health officials - and the season has yet to end. Read More: <https://www.promedmail.org/post/5412499>

HEPATITIS A (MICHIGAN), 30 Oct 2017, Public health officials and the Michigan Department of Health and Human Services (MDHHS) are continuing to see an elevated number of hepatitis A cases in the City of Detroit, and counties of Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Sanilac,

HEPATITIS A (CALIFORNIA), 31 Oct 2017, The San Diego County public health officer declared a local public health emergency due to the ongoing hepatitis A outbreak in the county. The outbreak is being spread person-to-person and through contact with fecally contaminated environments. The majority of people who have contracted hepatitis A during this outbreak have been homeless and/or illicit drug users. Read More: <https://www.promedmail.org/post/5416392>

INTERNATIONAL DISEASE REPORTS

WEST NILE VIRUS (SPAIN), 28 Oct 2017, An apathetic, dehydrated and under-weighted bird was sent to the Centre for wildlife rescue of Vallcalent (Lerida) where it started to present nervous symptoms a few days later. Euthanasia and necropsy were performed on September 24th on the animal; brain haematoma was found. The outbreak was resolved. Read More: <https://www.promedmail.org/post/5410131>

LEGIONELLOSIS (SPAIN), 28 Oct 2017, Up to 19 tourists in Palmanova on the island of Mallorca, Spain have developed legionnaires' disease; 13 of the 19 are from the UK. Read More: <https://www.promedmail.org/post/5410254>

Q FEVER (CHILE), 28 Oct 2017, Chilean authorities confirmed that 43 people in the south of the country are infected with Q fever, caused by bacteria found in cattle, so the government has asked for advice from international experts. Undersecretary of Health, Jaime Burrows, explained that the 43 patients are inhabitants of the regions of Los Lagos and Los Ríos, in southern Chile, and 20 of them were hospitalized. It should be noted that most of the cases are workers in the dairy industry. Read More: <https://www.promedmail.org/post/5410320>

DENGUE (ASIA), 28 Oct 2017, Hundreds of cases in India, 18 in Nepal. Dengue claims approximately 15 lives every day in that part of the world. Read More: <https://www.promedmail.org/post/5410616>

CHIKUNGUNYA (PAKISTAN), 29 Oct 2017, The number of suspected chikungunya cases rose in Karachi as 12 more patients were admitted to hospitals, taking the total number of patients up to 243 since 1 Oct 2017. According to a report issued by the Sindh Health Department, a total 4602 chikungunya suspected cases have been reported across the province since 1 Jan 2017. Read More: <https://www.promedmail.org/post/5410638>

ANTHRAX (NAMIBIA), 30 Oct 2017, Botswana has imposed a ban on the movement of all cloven-hooved animals following an outbreak of anthrax in Mohembo area in the northern part of the country. Veterinary Services director Letlhogile Modisa said on [30 Oct 2017] that movement of all cloven-hooved animals into the affected district is not permitted. Read More: <https://www.promedmail.org/post/5413550>

LEISHMANIASIS (SUDAN), 30 Oct 2017, At least 720 people have died in South Sudan from a protracted outbreak of visceral leishmaniasis [kala-azar], a parasitic disease, and the number of deaths could be much higher, the United Nations World Health Organization (WHO) reported. Read More: <https://www.promedmail.org/post/5413661>

PLAGUE (MADAGASCAR), 31 Oct 2017, WHO continues to support the Ministry of Public Health and other national authorities in Madagascar to monitor and respond to the outbreak of plague. The number of new cases of pulmonary plague has continued to decline in all active areas across the country. In the past 2 weeks, 12 previously affected districts reported no new confirmed or probable cases of pulmonary plague. Read More: <https://www.promedmail.org/post/5415688>

CRIMEAN-CONGO HEMORRAHIC FEVER (PAKISTAN), 2 Nov 2017, A young man has fallen prey to Congo virus, raising the death toll from the disease to 7 in the Karak district. Read More: <http://www.promedmail.org/post/5419698>

HEPATITIS (SYRIA), 2 Nov 2017, Two children have died and dozens of cases of hepatitis have been recorded in the Al-Riqama village [Homs governorate] in Syria (28 km -- approx. 17 mi -- east of Homs city) in central Syria because of using water from contaminated wells after the municipality stopped pumping water to the village. Read More: <http://www.promedmail.org/post/5420272>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

